PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

080492

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
T	OTAL CLAIMS		2			•	:	RATE	FEE	7	RATE	FEE
FO	OR .		NUMBER FILED		NUMBER EXTRA		1	BASIC FE	385.00	ÖR	BASIC FEE	770.00
TC	OTAL CHARGE	ABLE CLAIMS	ک minus 20≓		•	Ø		XS 9=		OR	X\$18=	P
IN	DEPENDENT C	LAIMS ·	v minus 3 ≐		• 0			X43=	1	OR	X86=	0
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	NO .
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL	 	OR	TOTAL	770	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN				
	1 7 00	(Column 1)	1	(Colum		(Column 3)	1 i	SMALL	· · · · · · · · · · · · · · · · · · ·	OR 1	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 8	Minus	***		=		X\$ 9=		OR	X\$18=	
AME	Independent	· 3	Minus		CI AINA	-		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							' [+145=		OR	+290=	
								TOTAL		OR	TOTAL	
		(Column 1)		/Calum	- O	(Caluma 0)	-	VDDIT. FEE			ADDIT. FEE	
		CLAIMS	T	(Colum		(Column 3)	ı			1 1		
H B		REMAINING AFTER		NUMB PREVIO			┦┞	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
ME		AMENDMENT	<u> </u>	PAID F	OR				FEE		· .	FEE
AMENDMENT	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	•
₹	independent FIRST PRESE	* NTATION OF MU	Minus	ENDENT	CLAIM	<u> </u>		X43= ·	•	OR	X86=	
								+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ODIT, FEE	
		(Column 1)		(Colum	n· 2)	(Column 3)	•	DUII. PEE e			ODII. PEEL	
	`	CLAIMS		HIGHE			Ė		450i	·		
<u> </u>		REMAINING AFTER AMENDMENT		NUMB! PREVIOL PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL	l	RATE	ADDI- TIONAL
	Total		Minus	##	JA	.	ŀ	X\$ 9=	FEE	<u>.</u>	X\$18=	FEE
	Independent	•	Minus	***		5	┢			OR		•
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=	
• #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
H	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."								• .	OR A	TOTAL DDIT. FEE	
T	rere mighest Num he "Highest Num	nber Previously Paid ber Previously Paid	od For IN THIS For" (Total or	S SPACE is I Independen	ess thar t) is the	3, enter "3." highest number		DDIT. FEE L	ropriat box		•	